

## Request for Cancellation of Certificate

232165

232166

<b>File the original with:</b> <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b> <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
<b>COPY</b> Posted: <u>lod</u> Dept: <u>S.A.</u> Date: <u>9/13/11</u> Time: <u>9:30</u>	

DATE: 9 SEPT 20112010-249-T

Please consider this a request to cancel my:

2011-354-T

- ☐ Class C Taxi Certificate
 ☐ Class A Restricted Certificate
- ☐ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☒ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

**RECEIVED**

SEP 12 2011

**ORS**  
**T.T.W.W.W**My Certificate Number is 8300ACT MEDICAL TRANSPORT LLC DBA  
(Name of Company)

(If applicable)

PO Box 1330  
(Street Address)

(Mailing Address if different from Street Address)

TRAVELERS REST SC 29690  
(City, State, Zip Code)

(City, State, Zip Code)

(864) 373-9751  
(Telephone Number)Jane M. Sifers  
(Signature)PRESIDENT

(Title) Owner, President, etc.

**RECEIVED**  
 SEP 12 2011  
 CLERK'S OFFICE